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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

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|---|---|---|---|--|
| 1. NAME OF TYPE OR PRII COMMITTEE (in full) | | Example: If typing, type over the lines. | 12FE4M5 | 5 - PM 1: 36 |
| Braley for lowa | <u> </u> | | <u>_ </u> | |
| | | <u> </u> | <u> </u> | |
| ADDRESS (number and | street) PO Box 856 | | | |
| Check if diffe than previous reported. (AC | lV Des Moines | | IA 50304 | |
| 2. FEC IDENTIFICA | TION NUMBER ▼ | CITY | STATE | ZIP CODE ▲ |
| C C00541417 | 3. | IS THIS NEW REPORT (N) OR | AMENDED (A) | STATE ▼ DISTRICT |
| July 15 Quarter 1 January 3 | orts: (b) cuarterly Report (Q1) cuarterly Report (Q2) 5 Quarterly Report (Q3) 1 Year-End Report (YE) 1 Report (TER) | Primary (12P) Convention (12C) Election on General (30G) Election on | General (12G) Special (12S) | in the State of Special (30S) in the State of S |
| 5. Covering Period | 01 01 / Y Y Y 20 | 013 through 03 | M / D D / Y 3 | 2013 |
| certify that I have exar | <u>.</u> | st of my knowledge and belief it is | true, correct and comp | plete. |
| The or Frank Haine Of 1 | reasurer Theresa L Kehoe | in Va | M M / D | 0 / Y Y Y Y Y |
| Signature of Treasurer | Theresa L Kehoe 19 | visu nullo | Date 04 | 12 2013 |
| | e, erroneous, or incomplete inform | nation may subject the person signing | this Report to the pena | alties of 2 U.S.C. §437g. |
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